

Quality Assurance Team (QAT)
Project Review Report

Project Name	Agency	Review Location			
		On-site	<input type="checkbox"/>	Off-site	<input type="checkbox"/>
Meeting Logistics					
Date:	Location:	Start Time:	End Time:		
Project Manager	Phone	Email			
Project Review Contact	Title	Email	Phone		
Attendee Name	Title	Email	Phone		

PROJECT PERFORMANCE SUMMARY:

PROJECT PERFORMANCE STATUS:

Scope
Budget
Schedule
Project Life Cycle

Demo (if applicable)

Additional Information

QAT ACTION:

Request Additional Project Information	<input type="checkbox"/>	Request Corrective Action Plan	<input type="checkbox"/>	Request Project Audit or Assistance	<input type="checkbox"/>
Make Project Recommendations	<input type="checkbox"/>	Make Legislative Recommendations	<input type="checkbox"/>	Take No Action	<input type="checkbox"/>

Description